REC'd PCT/PTO 17 JAN 2006

Attomey Docket No. 1807-0187PUS1

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

Insert Title:

Fill in Appropriate

For Use Without

Specification

Attached:

and amended on

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ARRANGEMENT AND METHOD FOR PRODUCING A THREE-DIMENSIONAL PRODUCT the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

The specification was filed on ________ as United States Application Number _______;

the specification was filed on 12/12/2003 as PCT International Application Number PCT/SE2003/001938; and was amended on (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, \$1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention our invention thereof or patented or described in any printed publication in any country before my or our invention.

(if applicable) and/or

Jacknowledge the duty to disclose information which is material to patentionity as defined at thic or, each of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application is any country foreign to the United States of America on an application field by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s)

I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Priority Claimed Prior Foreign Application(s) December 19, 2002 Insert Priority 0203766-1 Sweden No (Month/Day/Year Filed) Information (Country) (Number) (it appropriate) (Month/Day/Year Filed) (Number) (Country) (Month/Day/Year Filed) (Number) (Country) (Month/Day/Year Filed) (Country) (Number) I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below. Insert Provisional (Filing Date) Application(s): (if any) (Application Number) (Filing Date) (Application Number) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application: Date of Filing (Month/Day/Year) Application Number Insert Requested Country Information (if appropriate) I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s),

I hereby claim the benefit under Title 35, United States Code, \$120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, \$112 I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

of the prior application and the national of PC1 international rung date of this application.

Application(s): (Appli

(Application Number) (Filing Date) (Status - patented, pending, abandoned)

(Application Number) (Filing Date) (Status - patented, pending, abandoned)

(Rev. 05/2004) Birch, Stewart, Kolasch & Birch, LLP Page 1 of 2

MKM/rw

BEST AVAILABLE COPY

/

Attorney Docket No. 1807-0187PUS1

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Pacsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| Full Nan or Yoln I Innert N Invent Ipaart Co | ror → | GIVEN NAME/FAMILY NAME Morgan LARSSON | INVENTION'S SIGNATURE | _ DATE OS 08/2 | |
|--|--|---|-----------------------|-----------------------|--|
| Decum Intent Re | ont is bigsed | Residence (City, State & Country) Göteborg, Sweden | | CTTIZENSHIP Sweden | |
| ineer Pe Addres | ur Office • → | MAILING ADDRESS (Complete Street Address including City, State & Country) Eklandagatan 60 D; SE-412 61 Göteborg; SWEDEN | | | |
| | ne of Second n, if anyn ann above | GIVEN NAME/FAMILY NAME | INVENTOR'S SIGNATURE | DATE* | |
| | | Residence (City, State & Country) | | CITIZENSHIP | |
| | | MAILING ADDRESS (Complete Street Address including City, State & Country) | | | |
| | ne of Third or, if any! one above | GIVEN NAME/FAMILY NAME | INVENTOR'S SIGNATURE | DATE* | |
| | | Residence (City, State & Country) | | CITIZENSHIP | |
| | | MAILING ADDRESS (Complete Street Address including City, State & Country) | | | |
| Fall Na Savent | ne of Fourth or, if any: uce above | GIVEN NAME/FAMILY NAME | INVENTOR'S SIGNATURE | DA'TE* | |
| | | Residence (City, State & Country) | | | |
| | | MAILING ADDRESS (Complete Street Address including City, State & Country) | | | |
| Full Nas Invent | ne of Fifth or, if eny) age above | GIVEN NAME/FAMILY NAME | INVENTOR'S SIGNATURE | DATE* | |
| | | Residence (City, State & Country) | | CITIZENSHIP | |
| | | MAILING ADDRESS (Complete Street Address including City, State & Country) | | | |
| | me of Sixth m, if any: eec above | GIVEN NAME/FAMILY NAME | INVENTOR'S SIGNATURE | DATE* | |
| | | Residence (City, State & Country) | | CITIZENSHIP | |
| | | MAILING ADDRESS (Complete Street Address including City, State & Country) | | | |

*DATE OF SIGNATURE

(Rev. 05/2004)

Birch, Stewart, Kolasch & Birch, LLP

Page 2 of 2

MKM/rw

BEST AVAILABLE COPY